## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as undealed unless correspondence ordered address; in Block 1, by (a) specifying a new correspondence ordered; a superior in Block 1, by (a) specifying a new correspondence orderes; and/or (b) indicating a superior BADDRESS' for

CONTRACTOR RESIDENCE AND ADDRESS Minor Too Block I for you change of address	a

7590 ROBERT W. BECKER & ASSOCIATES

12/13/2009

707 HIGHWAY 333 SUITE B

TIJERAS, NM 87059-7507

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Foc(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Rosalie Centeno	(Depositors same)
KIDalio (Enteni)	(Signature)
03/11/10	(Sint)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 07/08/2008 4717.11.23 679 0021 10/593,168 Wolfgang Stein

TITLE OF INVENTION: ESCALATOR OR MOVING SIDEWALK

APPLN. TYPE	SMALL ENTIFY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEB(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/11/2010
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
BIDWEL	., JAMES R	3651	198-321000			
Change of correspondence address or indication of "Pec Address" (37 °F8 1 3d3).  Change of correspondence address (or Change of Correspondence Address from PICOSB/1/22) attached.  Chee Address 'indication (or "Pec Address" Indication from PICOSB/1/2, New 3d2-0, or more recent) situation. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON.		2. For printing on the patent thant page, last (1) the names of up to 3 negistered patent attorneys or agents OR, alternatively, (2) the name of a single firm thaving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Robert W	2Robert W. Becker	
	nless an assignce is ident ith in 37 CFR 3.11. Com		data will appear on the p			ment has been filed for
ThyssenKrup	p Fahrtreppen (	3mbH	GERMANY			
lease check the approp	riate assignee category of	categories (will not be p	rinted on the patent):	Individual XXCorporati	on or other private group	entity Government
a The following fee(s	) are submitted:		b. Payment of Fee(s): (Ples A check is enclosed. Payment by credit car			own above)

5 Change in Entity Status (from status indicated above)

Advance Order - # of Copies

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1 27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Robert Bech Date 03/11/2010 Registration No 26,255 Typed or printed name Robert w. Becker

This collection of information is required by 37 CFR 1.311, The information is required to obtain or retain a bonefit by the public whird is to file (and by the USPTO to process) an application. Confidentially be governed by 33 U.S.C. 172 and 37 CFR 1.44. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and accounting 80 complete processing and 80

Order the Pagerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Who Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number \_02\_1663\_ (eticlose an extra copy of this form).